

DATA ITEM TRANSMITTAL/ACCEPTANCE/REJECTION FORM
Contract N61340-12-D-7217-0003

CLIN/ELIN: ____ / ____ TITLE: _____
Block 14 Distribution: _____
Other: _____

Doc. Ref. No.: _____ Date: _____

From:

To: NAVAIR Orlando, Training Systems Division, 12350 Research Parkway, Code 25313, Orlando, FL 32826-3275 ATTN: [Insert Contract Specialist Name Here]

The above detailed CDRL item is forwarded for review and acceptance/ rejection. This item is due _____. The Government review period is _____ days.

Sincerely,

Signature: _____
Typed Name/Title: _____

FIRST ENDORSEMENT: Date Received: _____

- ☐ Accepted.
☐ Accepted. Attached comments must be incorporated into the next scheduled submission.
(This block is for use with periodically submitted items only.)
☐ Rejected, comments attached. Change pages () are () not sufficient for correction.
Contractor is allowed () 30 days or () _____ days to resubmit.

Signature: _____
Typed Name/Title: _____
Code: _____ Date: _____

VIA: _____ Date: _____

VIA: PD _____ Date: _____

SECOND ENDORSEMENT:

- ☐ Accepted.
☐ Accepted conditionally. Attached comments must be incorporated in the next scheduled submission.
☐ Rejected, comments attached. Resubmit no later than _____.

Signature: _____
Typed Name/Title: _____
Contracting Officer
Date: _____

CC w/Encl.:

CC w/o Encl.: